

Project Closeout Report

Project Name: Continuous Eligibility

Agency: Department of Human Services

Business Unit/Program Area: Medicaid

Project Sponsor: Maggie Anderson

Project Manager: Jeannine Wohl

Project Objectives	Measurements	
	Met/ Not Met	Description
To be compliant with Senate Bill 2012.	Met	In the Vision Eligibility System a child under age 19 who has been determined eligible is deemed eligible for a total of 12 months regardless of changes in circumstances other than attainment of the maximum age stated above. This was verified thru User Acceptance Testing.
To follow the federal guidelines to insure federal funding is available for services.	Met	The Vision Eligibility System was enhanced to meet the following federal Medicaid guideline 3307.2: As Continuous Eligibility for Children under Age 19.—After eligibility for benefits is determined or re determined, you have the option to continue that eligibility for a period of up to 12 months regardless of changes in circumstances. The individual is eligible for benefits until the end of the period or until the individual exceeds the age limit. States must specify (1) the duration of the continued eligibility (which is not to exceed 12 months), and (2) the age under which an individual may be eligible for continued benefits (which is not to exceed 19 years of age).
To define the process of determining what the effect of providing this service will cause within the Medicaid Program.	Met	<p>This process will assist Medical Services in accumulating the data necessary to determine the following after the project:</p> <ul style="list-style-type: none"> • The percent increase of the total number of months of coverage provided to Medicaid children. • The percent increase of total Medicaid payments for children who qualify for Continuous Eligibility. <p>It was determined the following reports would be created to establish a base cost of per member per month for children that will be affected by continuous eligibility.</p> <p>Report 1:</p> <ul style="list-style-type: none"> • A report that looks at all individuals under age 19 who are not medically needy eligible with a recipient liability, who are IN and open for Medicaid. • This report should look at the months of April 2007 through March 2008. • It needs to identify the average cost per member per month for these individuals, to establish an average monthly cost for the period. <p>Report 2:</p> <ul style="list-style-type: none"> • A second report that does the same thing, but which also excludes any individuals who are in a LTC type living arrangement. • Those living arrangements should be: LT, IM, AC, JH, and JO. <p>These reports will need to run again in mid to late November for the months of June 2008 through August or September, and again in mid-to-late February for the months of June 2008 through December.</p> <p>This will allow us to determine whether there was a change in the per member per month cost from before we had continuous eligibility compared to after it started.</p>

Project Closeout Report

		<p>Report MA590 was modified to capture the following information:</p> <ul style="list-style-type: none"> • Number of Adults. • Number of Children under age 19. • Number of Medically Needy Adults. • Number of Medically Needy Children.
--	--	--

Schedule Objectives			
Met/ Not Met	Scheduled Completion Date	Actual Completion Date	Variance
Met	11/18/08	11/18/08	0%

Budget Objectives			
Met/ Not Met	Baseline Budget	Actual Expenditures	Variance
Met	\$378,472.00	\$294,449.28	22% under budget

Major Scope Changes	
<p>1). The Department of Human Services decided to implement a temporary manual form of Continuous Eligibility by June 1st for the benefit month of July. To accomplish this, the following was added to the project.</p> <ul style="list-style-type: none"> • A conversion program for clients that are less than or equal to age 19 and determined Medically Needy coverage with no Recipient Liability will be changed to Poverty Level Coverage. • A second conversion program was needed to build CE time periods to track the 12 month time period for individuals that were set in 'IN' in the DHS manual interim time period prior to the final implementation of the project. 	
<p>2). To aid in accomplishing objective 3 report MA590 was modified to capture the following information:</p> <ul style="list-style-type: none"> • Number of Adults. • Number of Children under age 19. • Number of Medically Needy Adults. • Number of Medically Needy Children. 	
<p>3). When an individual with the AH/IH living arrangement CE period is ending and a case redetermination is due, the individual must fail at redetermination. A new client failure reason, with corresponding subform, as well as a case level failure, may be needed to accommodate this situation. Also, if a redetermination is completed early (before the actual Redetermination Due Date), the individual with the AH/IH living arrangement is only entitled to the remainder of his current/existing CE period. He cannot be determined eligible for a new CE period.</p>	
<p>4). Today, if a child has a living arrangement(LA) of the State Hospital they must have a valid certification of need (CON) in order to be eligible. If the child does not have a valid CON, then the living LA gets reported as AI (public Institution) and we do not pay any claims under that LA (and usually close the child). Also today, if someone is in LTC they must have a screening or we will not pay the nursing facility. If there is no valid screening, then we can pay for other medical services, but the nursing facility claim is denied. Similarly, if a child has a LA of PRTF in Vision they must also have a valid CON for us to pay the PRTF. If they have no CON then we can pay for other medical services, but the PRTF claim is denied. This works the same way as the LTC (LT) LA, and the PRTF LA is read by MMIS as LT. There are separate LA for the Prairie at St. John Psychiatric Center and the Stadter Center. These two LA should process like the State Hospital. To be eligible for Medicaid, children with these LA must also have a CON. If they do not, they should be treated the same as the State Hospital (i.e. AI) by MMIS.</p> <p>We needed to insure these two LA get reported as AI to MMIS. This has not been as big of an issue before, because we closed the children if there was no CON. With CE we cannot close them, but we also cannot pay claims for them if there is no CON. MMIS was changed to handle these situations.</p>	

Project Closeout Report

- 5). Add AI(admit to inst) reason as an informational in addition to the existing AI fail reason. The AI reason will now be created for CE clients that have an AI living arrangement for the first full benefit month. The rules for creating the AI reason as an informational will be based on the existing rules that create it as a failure reason. The same subform will be pulled in for the failure (non CE clients) and the information (CE clients) situation. The wording on the subform will be changed to reflect both situations and is addressed PL 22 enhancement.
- 6). Remove the rule that sets a client to PL06 if they have not passed Medicaid. Remove the portion of the rule that refugee citizenship status cannot have CE period. Insert rule in place of that if a client would have 06 they cannot have CE period regardless of what they pass.

Lessons Learned

The following are the agreed upon Lessons Learned:

- With the loss of a key team member the realization that backups on the Vision / TECS application along with BLAZE and LOTUS Notes is needed. The team was able to compensate on this project, however it was very difficult.
- On a similar note; limited resources on both sides being pulled for operational and other projects caused risk to the project.
- The good relationship between DHS and ITD was evident in the project. Communication was abundant, clear and frequent.
- ITD involvement in the testing of the batch jobs was very helpful.
- Pulling in additional staff at testing was difficult. Would have been better to have them in from the beginning of the project to aid in the understanding of the changes being tested.
- Testing of MMIS could have come sooner.
- The project team's willingness to be flexible was a benefit to the project.
- Video conferencing was felt to have gone well for a smaller training session.
- It was felt the excellent relationship between all departments was a key to the project success.

Success Story

The project team overcame a number of difficulties in this project reflecting their dedication and professionalism to their jobs for the children and citizens of North Dakota. This project was a success coming in on time and under budget. .

